

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 25, 2000 8:00 am
Secretary of State**

01-25-2000 90112 040 ***150.00

DOCUMENT # 235176

1. Entity Name

WARDLAW -RALPH- INC

Principal Place of Business

**4801 EASTON STREET
LAKE WALES FL 33853
US**

Mailing Address

**4801 EASTON ST
LAKE WALES FL 33853-8630
US**

2. Principal Place of Business

4801 EASTON ST.

Suite, Apt. #, etc.

LAKE WALES, FL

City & State

33853

Zip

Country

3. Mailing Address

4801 EASTON ST.

Suite, Apt. #, etc.

LAKE WALES, FL.

City & State

33853

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-0921818**Applied For
Not5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**STORY, MARY ELIZABETH
4801 EASTON STREET
~~FROSTPROOF, FL~~
LAKE WALES FL 33853**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Mary Elizabeth Story **MARY ELIZABETH STORY** **PRESIDENT**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/19/20009. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	STORY, MARY	
STREET ADDRESS	4801 EASTON STREET	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STORY, LYLES W	
STREET ADDRESS	4801 EASTON ST	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	STORY, MARY W	
STREET ADDRESS	4801 EASTON STREET	
CITY-ST-ZIP	LAKE WALES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary Elizabeth Story*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY ELIZABETH STORY

Date

1/19/2000

Daytime Phone #

863-638-322